



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

Audits Branch - Southern Region

11401 S. Bloomfield Ave., Bldg. 203, Norwalk, CA 90650-2015

Telephone: (562) 406-3929

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May 20, 2008

Marvin J. Southard, D.S.W., Director
Los Angeles County Department of Mental Health
550 So. Vermont Avenue. 12th Floor
Los Angeles, CA 90020

Dear Dr. Southard:

AUDIT REPORT – HARBOR/UCLA MEDICAL CENTER

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Harbor/UCLA Medical Center, for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

The effect of this revised allowable program costs is as follows:

	<u>Net Program Costs</u>		
	<u>Settled</u>	<u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal – FFP	\$ 1,638,629	\$ 1,461,337	\$ (177,292)

If you disagree with any of the results of this audit, you may request an informal appeal conference. This request must be in writing and received by the Department of Health Care Services within sixty (60) calendar days following the date of receipt of this report.

Your notice of disagreement should be directed to Vickie P. Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Care Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

 
WALTER J. HILL, Jr. MBA, EA
Chief


RAQUEL E. RIOS, Supervisor
Audits – Southern Region

Enclosures

CERTIFIED MAIL



Audits Branch – Southern Region
11401 S. Bloomfield Ave., Bldg. 203, Norwalk, CA 90650
Telephone: (562) 406-3929 Fax: (562) 406-3951

May 20, 2008

Helen Jew, Head of State Reimbursement Section
Los Angeles County Department of Health Services
313 No. Figueroa Street, Room 426
Los Angeles, CA 90012

Dear Ms. Jew:

Attached is a copy of our audit report of your 2002-2003 Fiscal Year operation concerning the Short-Doyle/Medi-Cal program.

If you disagree with the results, your concerns should be directed to the County.

Sincerely,

A handwritten signature in black ink that reads 'Raquel E. Rios'. The signature is written in a cursive, flowing style.

RAQUEL E. RIOS
Audits Supervisor

Attachment

LOS ANGELES
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2003

LEGAL ENTITY NAME: HARBOR/UCLA MEDICAL CENTER
LEGAL ENTITY NUMBER: 00502

		<u>As Settled</u>	<u>Audit</u> <u>Adjustments</u>	<u>As Audited</u>
<u>NET REIMBURSABLE MEDI-CAL</u> <u>PROGRAM COST</u>				
FEDERAL - FFP	(Sch. 2)	\$ <u>1,638,629</u>	\$ <u>(177,292)</u>	\$ <u>1,461,337</u>

**HARBOR-UCLA MEDICAL CENTER
LOS ANGELES COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003**

		Audit		
		As Settled	Adjustments	As Audited
<u>Total Medi-Cal Gross Reimbursement</u>				
1. Inpatient SD/MC	(MH 1968, Ln 11, 11A)	\$ 2,066,255	\$ (357,850)	\$ 1,708,405
2. Outpatient SD/MC	(MH 1968, Ln 11, 11A)	1,201,571	3,733	1,205,304
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	0	0	0
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Family Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Family Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	0	0	0
9. Total		<u>\$ 3,267,826</u>	<u>\$ (354,117)</u>	<u>\$ 2,913,709</u>
<u>Less: Patient & Other Payer Revenues</u>				
10. Inpatient SD/MC	(MH 1968, Ln 28, 28A)	\$ 67,637	\$ (9,634)	\$ 58,003
11. Outpatient SD/MC	(MH 1968, Ln 28, 28A)	5,204	23	5,227
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Family Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Family Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 72,841</u>	<u>\$ (9,611)</u>	<u>\$ 63,230</u>
<u>Medi-Cal Net Reimbursement for Direct Services</u>				
19. Inpatient SD/MC (Incl Children Enhan)	(Ln 1,3 - Ln 10,12)	\$ 1,998,618	\$ (348,216)	\$ 1,650,402
20. Outpatient SD/MC (Incl Children Enhan)	(Ln 2,4 - Ln 11,13)	1,196,367	3,710	1,200,077
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Family-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Family-O/P	(Ln 8 - Ln 17)	0	0	0
25. Total		<u>\$ 3,194,985</u>	<u>\$ (344,506)</u>	<u>\$ 2,850,479</u>
<u>Medi-Cal MAA Reimbursement</u>				
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 0	\$ 0	\$ 0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	0	0	0
28. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Amount Negotiated Rates Exceed Cost</u>				
29. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
30. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	0	0	0
31. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
32. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
33. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
34. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Net Reimbursable Cost - FFP</u>				
36. Direct Services	(MH1979, Ln 16, 16A)	\$ 1,638,629	\$ (177,292)	\$ 1,461,337
37. Enhanced SD/MC (Children)	(MH1979, Ln 17, 17A)	0	0	0
38. Enhanced SD/MC (Refugees)	(MH1979, Ln 18)	0	0	0
39. MAA	MH 1979, Ln 11, 12)	0	0	0
40. Negotiated Rate-Payback-SD/MC & Enh	(MH1979, Ln 20)	0	0	0
41. Healthy Families Reimbursement	(MH1979, Ln 27)	0	0	0
42. Total - FFP		<u>\$ 1,638,629</u>	<u>\$ (177,292)</u>	<u>\$ 1,461,337</u>
Contract Maximum		<u>\$ 1,638,629</u>	<u>\$ 1,993,593</u>	<u>\$ 3,632,222</u>
Lower of Net Reimbursable Cost or Contract Maximum		<u>\$ 1,638,629</u>	<u>\$ (177,292)</u>	<u>\$ 1,461,337</u>
				(To Sch.1)

AUDIT ADJUSTMENTS

Provider				Entity Number	No. of Adj.	Fiscal Period Ended	
Harbor/UCLA Medical Center				502	16	07/01/02 To 06/30/03	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
ADJUSTMENTS TO SETTLED COSTS							
1	MH 1961	1	B	Physician Costs - Administrative Days - 05/19	\$ 0	\$ (1,904)	\$ (1,904)
	MH 1961	2	B	Ancillary Costs - Administrative Days - 05/19	0	(29,778)	(29,778)
				Total	\$ 0	\$ (31,683)	\$ (31,683)
To adjust settled inpatient administrative days physician and ancillary costs to reflect audited amount based on review of provider documents.							
2	MH 1964	2		Hospital Inpatient Services	\$ 7,276,947	\$ (31,683)	\$ 7,245,264
				To reflect the effect of cost adjustment on settled mode of service cost.			
3	MH 1991		G	Physician Costs - Administrative Days - 05/19	\$ 13,379	\$ (1,904)	\$ 11,475 *
	MH 1991		H	Ancillary Costs - Administrative Days - 05/19	83,988	(29,778)	54,210 *
				Total	\$ 97,367	\$ (31,683)	\$ 65,684
To reflect the effect of cost adjustments on settled physician and ancillary costs for inpatient administrative days.							
4	MH 1966	3	C	Gross Cost - 05/19	\$ 1,628,346	\$ (31,683)	\$ 1,596,663
				To adjust settled inpatient administrative days gross cost to reflect audit adjustment to physician and ancillary costs.			
5	MH 1991		G	Physician Costs - Administrative Days - 05/19	** \$ 11,475	\$ 0	\$ 11,475
	MH 1991		H	Ancillary Costs - Administrative Days - 05/19	** 54,210	0	54,210
	To reflect audited physician and ancillary costs for each period of service on MH 1991.						
* Balance carried forward to subsequent adjustment.							
** Balance brought forward from prior adjustment.							

AUDIT ADJUSTMENTS

Provider				Entity Number	No. of Adj.	Fiscal Period Ended	
Harbor/UCLA Medical Center				502	16	07/01/02 To 06/30/03	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO SETTLED PATIENT STATISTICS			
6	MH 1966	2	B	Total Units - 05/10	6,517	(25)	6,492
	MH 1966	2	C	Total Units - 05/19	6,261	-	6,261
	MH 1966	2	B	Total Units - 10/24	66,123	29	66,152
	MH 1966	2	B	Total Units - 15/10	3,285	0	3,285
	MH 1966	2	C	Total Units - 15/42	84,795	210	85,005
	MH 1966	2	D	Total Units - 15/62	16,165	0	16,165
	MH 1966	2	E	Total Units - 15/77	120	0	120
				Total	183,266	214	183,480
				To adjust Total Units of service to agree with RGMS 701 U-P.			
7	MH 1966	8		Medi-Cal Units @ 51.40%	12,367	363	12,730 *
	MH 1966	8A		Medi-Cal Units @ 51.27%	41,427	515	41,942 *
	MH 1966	9		Medicare/Medi-Cal Crossover Units @ 51.40%	40	(40)	0
	MH 1966	9A		Medicare/Medi-Cal Crossover Units @ 51.27%	60	(60)	0
	MH 1966	10		Enhanced - Children @ 65.88%	-	-	0
	MH 1966	10A		Enhanced - Children @ 65.88%	0	-	0
					53,894	778	54,672
				To adjust settled Medi-Cal units of service to agree with State DMH approved Medi-Cal units of service.			
8	MH 1966	8		Medi-Cal Units @ 51.40%	** 12,730	(294)	12,436 *
	MH 1966	8A		Medi-Cal Units @ 51.27%	** 41,942	(439)	41,503 *
					54,672	(733)	53,939
				To adjust Medi-Cal units of service to include County edited invalid Medi-Cal approved units of service.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider					Entity Number	No. of Adj.	Fiscal Period Ended	
Harbor/UCLA Medical Center					502	16	07/01/02 To 06/30/03	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.					
9	MH 1966	8	B-D	ADJUSTMENTS TO SETTLED PATIENT STATISTICS, CONT'D.				
	MH 1966	8A	B-D	Medi-Cal Units @ 51.40% 05/10	442	(18)	424	
	MH 1966	8	B-D	Medi-Cal Units @ 51.27% 05/10	1,249	85	1,334	
	MH 1966	8	B-D	Medi-Cal Units @ 51.40% 05/19	465	22	487	
	MH 1966	8A	B-D	Medi-Cal Units @ 51.27% 05/19	1,850	(89)	1,761	
					<u>4,006</u>	<u>-</u>	<u>4,006</u>	
				To adjust settled inpatient Medi-Cal units to agree with service function changes per County MHMIS report.				
10	MH 1966	8		Medi-Cal Units @ 51.40% **	12,436	(35)	12,401 *	
		8A		Medi-Cal Units @ 51.27% **	41,503	(81)	41,422 *	
				To disallow approved inpatient Medi-Cal units of service for clients who are eligible for pregnancy and emergency services only. W & I Code Section 5719 and DMH 5719 and DMH Aid Code Master Chart.				
11	MH 1966	8		Medi-Cal Units @ 51.40% **	12,401	(489)	11,912 *	
				To adjust settled inpatient Medi-Cal units of service to include Medi-Cal Oversight review adjustments. DMH Information Notice No.: 02-05.				
				* Balance carried forward to subsequent adjustment.				
				** Balance brought forward from prior adjustment.				

AUDIT ADJUSTMENTS

Provider				Entity Number	No. of Adj.	Fiscal Period Ended	
Harbor/UCLA Medical Center				502	16	07/01/02 To 06/30/03	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.		Reported	(Decrease)	Adjusted
12	MH 1991		E	ADJUSTMENTS TO SETTLED PATIENT STATISTICS, CONT'D. SD/MC Administrative Days To reflect the effect of Medi-Cal units of service audit adjustments on settled Medi-Cal inpatient administrative days on form MH 1991.	2,315	(748)	1,567
13	MH 1968	28	E	ADJUSTMENTS TO SETTLED REVENUES Patient and Other Payor Revenues @ 51.40% - I/P	\$ 16,417	\$ (7,973)	\$ 8,444
	MH 1968	28A	E	Patient and Other Payor Revenues @ 51.27% - I/P	51,220	(1,661)	49,559
	MH 1968	28	G	Patient and Other Payor Revenues @ 51.40% - D/T	1,342	18	1,360
	MH 1968	28A	G	Patient and Other Payor Revenues @ 51.27% - D/T	3,469	6	3,475
	MH 1968	28	H	Patient and Other Payor Revenues @ 51.40% - O/P	87	(1)	86
	MH 1968	28A	H	Patient and Other Payor Revenues @ 51.27% - O/P	306	0	306
					\$ <u>72,841</u>	\$ <u>(9,611)</u>	\$ <u>63,230</u>
				To adjust settled patient and other payor revenues to agree with Medi-Cal share of revenue based on ratio of audited Medi-Cal cost to audited total cost.			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Entity Number	No. of Adj.	Fiscal Period Ended	
Harbor/UCLA Medical Center				502	16	07/01/02 To 06/30/03	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
SETTLEMENT ADJUSTMENTS							
14	MH 1979	23	J	Adjusted Total SD/MC Reimbursement (FFP) To reflect the effect of audit adjustments on settled total Short-Doyle/Medi-Cal FFP reimbursement.	\$ 1,638,629	\$ (177,292)	\$ 1,461,337
15	Sch 2			Contract Maximum To reflect County funds available to match Medi-Cal FFP.	\$ 1,638,629	\$ 1,993,593	\$ 3,632,222
16	Sch 2			Lower of Net Reimbursable Cost or Contract Maximum To reflect the lower of audited net reimbursable Medi-Cal FFP cost or contract maximum.	\$ 1,638,629	\$ (177,292)	\$ 1,461,337

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS

MH 1960 (10/04)

Fiscal Year 2002-2003

County: Los Angeles

County Code: 19

Legal Entity: HARBOR-UCLA MEDICAL CENTER		A	B	C
Legal Entity Number: 00502		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures		13,226,772	13,226,772
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)			
4	Other Adjustments (Provide Detail)			
5	Total Costs Before Medi-Cal Adjustments		13,226,772	13,226,772
6	Medi-Cal Adjustments from MH 1961			(31,683)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			13,195,089
	Administrative Costs (County Only)			
9	SD/MC Administration			
10	Healthy Families Administration			
11	Non-SD/MC Administration			
12	Total Administrative Costs			
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			
16	Total Utilization Review Costs			
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			13,195,089
19	Total Costs - Lines 9 through 18			13,195,089

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
MEDI-CAL ADJUSTMENTS TO COSTS
MH 1961 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: Los Angeles
County Code: 19

Legal Entity: HARBOR-UCLA MEDICAL CENTER		A	B	C
Legal Entity Number: 00502		Salaries and Benefits	Other	Total Adjustments
1	Physician Costs		(1,904)	(1,904)
2	Ancillary Costs		(29,778)	(29,778)
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments		(31,683)	(31,683)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO MODES OF SERVICE
MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2002-2003

County: Los Angeles
County Code: 19

Legal Entity: HARBOR-UCLA MEDICAL CENTER		A
Legal Entity Number: 00502		Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	13,195,089
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	7,245,264
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	5,671,033
5	Outpatient Services (Mode 15 Program 1 + Program 2)	278,793
6	Outreach Services (Mode 45)	
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	13,195,089

County: Los Angeles County Code: 19		CR		CR				
Legal Entity: HARBOR-UCLA MEDICAL CENTER		A	B	C	D	E	F	G
Legal Entity Number: 00502			Service	Service	Service	Service	Service	Service
Mode: 05 - Hospital Inpatient (SFC 10-19)		Mode Total	Function	Function	Function	Function	Function	Function
			10	19				
1	Allocation Percentage	100.00%	77.98%	22.04%				
2	Total Units	12,753	6,492	6,261				
3	Gross Cost	7,245,264	5,648,601	1,596,663				
4	Cost per Unit		870.09	255.02				
5	SMA per Unit		838.20	235.96				
6	Published Charge per Unit		1,388.00	1,388.00				
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/02 - 09/30/02	383	255	128			
8A		10/01/02 - 06/30/03	3,018	1,263	1,755			
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02						
9A		10/01/02 - 06/30/03						
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02						
10A		10/01/02 - 06/30/03						
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03						
11	Healthy Families (SED) Units	07/01/02 - 09/30/02						
11A		10/01/02 - 06/30/03						
12	Non-Medi-Cal Units		9,352	4,974	4,378			
13	Medi-Cal Costs	07/01/02 - 09/30/02	255,749	221,872	33,877			
13A		10/01/02 - 06/30/03	1,501,060	1,098,919	402,141			
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	247,618	213,741	33,877			
14A		10/01/02 - 06/30/03	1,460,787	1,058,647	402,141			
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	387,817	353,940	33,877			
15A		10/01/02 - 06/30/03	2,155,185	1,753,044	402,141			
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02						
16A		10/01/02 - 06/30/03						
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02						
17A		10/01/02 - 06/30/03						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02						
18A		10/01/02 - 06/30/03						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02						
19A		10/01/02 - 06/30/03						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02						
20A		10/01/02 - 06/30/03						
21	Enhanced SD/MC (Children) Costs	07/01/02 - 09/30/02						
21A		10/01/02 - 06/30/03						
22	Enhanced SD/MC (Children) SMA Upper Limits	07/01/02 - 09/30/02						
22A		10/01/02 - 06/30/03						
23	Enhanced SD/MC (Children) Published Charges	07/01/02 - 09/30/02						
23A		10/01/02 - 06/30/03						
24	Enhanced SD/MC (Children) Negotiated Rates	07/01/02 - 09/30/02						
24A		10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03						
29	Healthy Families Costs	07/01/02 - 09/30/02						
29A		10/01/02 - 06/30/03						
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02						
30A		10/01/02 - 06/30/03						
31	Healthy Families Published Charges	07/01/02 - 09/30/02						
31A		10/01/02 - 06/30/03						
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02						
32A		10/01/02 - 06/30/03						
33	Non-Medi-Cal Costs		5,488,455	4,327,810	1,160,646			

County: Los Angeles
County Code: 19

CR

Legal Entity: HARBOR-UCLA MEDICAL CENTER			A	B	C	D	E	F	G
Legal Entity Number: 00502			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 10 - Day Services				24					
1	Allocation Percentage		100.00%	100.00%					
2	Total Units			66,152					
3	Gross Cost		5,671,033	5,671,033					
4	Cost per Unit			85.73					
5	SMA per Unit			82.94					
6	Published Charge per Unit			87.50					
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02		3,769					
8A		10/01/02 - 06/30/03		9,629					
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			52,754					
13	Medi-Cal Costs	07/01/02 - 09/30/02	323,106	323,106					
13A		10/01/02 - 06/30/03	825,468	825,468					
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	312,601	312,601					
14A		10/01/02 - 06/30/03	798,629	798,629					
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	329,788	329,788					
15A		10/01/02 - 06/30/03	842,538	842,538					
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs		07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits		07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges		07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates		07/01/02 - 06/30/03						
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		4,522,458	4,522,458					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: Los Angeles
County Code: 19

County Code: 19			CR	CR	CR	CR			
Legal Entity: HARBOR-UCLA MEDICAL CENTER			A	B	C	D	E	F	G
Legal Entity Number: 00502			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 1)				10	42	62	77		
1	Allocation Percentage		100.00%	2.78%	71.71%	25.36%	0.15%		
2	Total Units		104,575	3,285	85,005	16,165	120		
3	Gross Cost		278,793	7,745	199,918	70,707	423		
4	Cost per Unit			2.36	2.35	4.37	3.53		
5	SMA per Unit			2.28	2.28	4.23	3.41		
6	Published Charge per Unit			2.32	2.32	4.31	3.49		
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units		07/01/02 - 09/30/02	7,760	80	6,155	1,525		
8A			10/01/02 - 06/30/03	28,775	1,715	23,060	4,000		
9	Medicare/Medi-Cal Crossover Units		07/01/02 - 09/30/02						
9A			10/01/02 - 06/30/03						
10	Enhanced SD/MC (Children) Units		07/01/02 - 09/30/02						
10A			10/01/02 - 06/30/03						
10B	Enhanced SD/MC (Refugees) Units		07/01/02 - 06/30/03						
11	Healthy Families (SED) Units		07/01/02 - 09/30/02						
11A			10/01/02 - 06/30/03						
12	Non-Medi-Cal Units			68,040	1,490	55,790	10,640	120	
13	Medi-Cal Costs		07/01/02 - 09/30/02	21,335	189	14,476	6,670		
13A			10/01/02 - 06/30/03	75,773	4,043	54,233	17,496		
14	Medi-Cal SMA Upper Limits		07/01/02 - 09/30/02	20,667	182	14,033	6,451		
14A			10/01/02 - 06/30/03	73,407	3,910	52,577	16,920		
15	Medi-Cal Published Charges		07/01/02 - 09/30/02	21,038	186	14,280	6,573		
15A			10/01/02 - 06/30/03	74,718	3,979	53,499	17,240		
16	Medi-Cal Negotiated Rates		07/01/02 - 09/30/02						
16A			10/01/02 - 06/30/03						
17	Medicare/Medi-Cal Crossover Costs		07/01/02 - 09/30/02						
17A			10/01/02 - 06/30/03						
18	Medicare/Medi-Cal Crossover SMA Upper Limits		07/01/02 - 09/30/02						
18A			10/01/02 - 06/30/03						
19	Medicare/Medi-Cal Crossover Published Charges		07/01/02 - 09/30/02						
19A			10/01/02 - 06/30/03						
20	Medicare/Medi-Cal Crossover Negotiated Rates		07/01/02 - 09/30/02						
20A			10/01/02 - 06/30/03						
21	Enhanced SD/MC Costs		07/01/02 - 09/30/02						
21A			10/01/02 - 06/30/03						
22	Enhanced SD/MC SMA Upper Limits		07/01/02 - 09/30/02						
22A			10/01/02 - 06/30/03						
23	Enhanced SD/MC Published Charges		07/01/02 - 09/30/02						
23A			10/01/02 - 06/30/03						
24	Enhanced SD/MC Negotiated Rates		07/01/02 - 09/30/02						
24A			10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs		07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits		07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges		07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates		07/01/02 - 06/30/03						
29	Healthy Families Costs		07/01/02 - 09/30/02						
29A			10/01/02 - 06/30/03						
30	Healthy Families SMA Upper Limits		07/01/02 - 09/30/02						
30A			10/01/02 - 06/30/03						
31	Healthy Families Published Charges		07/01/02 - 09/30/02						
31A			10/01/02 - 06/30/03						
32	Healthy Families Negotiated Rates		07/01/02 - 09/30/02						
32A			10/01/02 - 06/30/03						
33	Non-Medi-Cal Costs			181,685	3,513	131,209	46,540	423	

Fiscal Year 2002-2003

1	Medi-Cal Costs	07/01/02 - 09/30/02
1A		10/01/02 - 06/30/03
2	Medi-Cal SMA	07/01/02 - 09/30/02
2A		10/01/02 - 06/30/03
3	Medi-Cal P. C.	07/01/02 - 09/30/02
3A		10/01/02 - 06/30/03
4	Medi-Cal N. R.	07/01/02 - 09/30/02
4A		10/01/02 - 06/30/03
5	Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02
5A		10/01/02 - 06/30/03
6	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02
6A		10/01/02 - 06/30/03
7	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02
7A		10/01/02 - 06/30/03
8	Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02
8A		10/01/02 - 06/30/03
9	Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02
9A		10/01/02 - 06/30/03
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02
10A		10/01/02 - 06/30/03
11	Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02
11A		10/01/02 - 06/30/03
12	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02
12A		10/01/02 - 06/30/03
13	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02
13A		10/01/02 - 06/30/03
14	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02
14A		10/01/02 - 06/30/03
15	Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02
15A		10/01/02 - 06/30/03
16	Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02
16A		10/01/02 - 06/30/03
17	Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03
18	Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03
19	Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03
20	Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03
21	Total Medi-Cal Gross Reimbursement (Excludes Refugees)	07/01/02 - 09/30/02
21A		10/01/02 - 06/30/03
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03
23	Healthy Families Cost	07/01/02 - 09/30/02
23A		10/01/02 - 06/30/03
24	Healthy Families SMA	07/01/02 - 09/30/02
24A		10/01/02 - 06/30/03
25	Healthy Families P. C.	07/01/02 - 09/30/02
25A		10/01/02 - 06/30/03
26	Healthy Families N. R.	07/01/02 - 09/30/02
26A		10/01/02 - 06/30/03
27	Healthy Families Gross Reim.	07/01/02 - 09/30/02
27A		10/01/02 - 06/30/03
	Less: Patient and Other Payor Revenues	
28	SD/MC + Crossover Revenues	07/01/02 - 09/30/02
28A		10/01/02 - 06/30/03
29	Enhanced SD/MC (Children) Revenues	
30	Enhanced SD/MC (Refugees) Revenues	
31	Healthy Families Revenues	
32	Total Expenditures from MAA (Mode 55)	
33	Medi-Cal Eligibility Factor (Average)	
34	Revenue - MAA	
35	Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02
35A		10/01/02 - 06/30/03
36	Net Due - Enhanced SD/MC (Refugees)	
37	Net Due - Healthy Families	07/01/02 - 09/30/02
37A		10/01/02 - 06/30/03
	Amount Negotiated Rates Exceed Costs	
38	SD/MC (Includes Children)	07/01/02 - 09/30/02
38A		10/01/02 - 06/30/03
39	Enhanced SD/MC (Refugees)	
40	Healthy Families	07/01/02 - 09/30/02
40A		10/01/02 - 06/30/03

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DETERMINATION OF SDMC + CROSSOVER FFP DOLLARS
MH 1970 (10/04)

County: Los Angeles
County Code: 10
Legal Entity: HARBOR-UCLA MEDICAL CENTER
Legal Entity Number: 00502

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2002-2003

Mode: 10 - Day Services										A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
Data Type										SDMC + Crossover Units			Breakdown of 2nd Period Units as a Percentage		SDMC + Crossover Gross Reimbursement Costs Using SMA Upper Limits				Medi-Cal Patient and Other Payor Revenue				Net Direct Costs (Gross Reim. Costs - Revenue)				FFP Dollars			
Source										From MH1901 Schedule B Supplemental			Calculated		From MH1901 Schedule B Supplemental				From MH1901 Schedule B Supplemental				Calculated				Calculated			
Formula													B / (B + C) C / (B + C)		(D * I) (E * I)				(D * M) (E * M)				(F - J) (G - K) (H - L) (O + P)				(51.40% * N) (50.00% * O) (54.35% * P) (S + T)			
Period										1st Period	2nd Period/ Part I	2nd Period/ Part II	2nd Period/ Part I	2nd Period/ Part II	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period FFP \$ 07/01/02 - 09/30/02	2nd Period/ Part I FFP \$ 10/01/02 - 03/30/03	2nd Period/ Part II FFP \$ 04/01/02 - 09/30/03	Total 2nd Period FFP \$ 04/01/02 - 09/30/03
MH1901 Cost Report Column	MH1901 Sch. B Cost Rpt. Line #	Settlement Type	Mode	Service Function	Units 07/01/02 - 09/30/02	Units 10/01/02 - 03/30/03	Units 04/01/03 - 09/30/03	% of Units in 10/01/02 - 03/30/03	% of Units in 04/01/02 - 09/30/03	Costs 07/01/02 - 09/30/02	Costs 10/01/02 - 03/30/03	Costs 04/01/03 - 09/30/03	Costs 10/01/02 - 09/30/03	Revenue 07/01/02 - 09/30/02	Revenue 10/01/02 - 03/30/03	Revenue 04/01/03 - 09/30/03	Revenue 10/01/02 - 09/30/03	Net Costs 07/01/02 - 09/30/02	Net Costs 10/01/02 - 03/30/03	Net Costs 04/01/03 - 09/30/03	Net Costs 10/01/02 - 09/30/03	1st Period FFP % 51.40%	2nd Period/ Part I FFP % 50.00%	2nd Period/ Part II FFP % 54.35%						
B	3	CR	10	24	3,769	8,582	3,047	68.36%	31.64%	312,601	545,911	252,718	798,629	1,360	2,375	1,100	3,475	311,241	543,536	251,619	795,154	159,978	271,788	136,755	408,523					
Totals										312,601	545,911	252,718	798,629	1,360	2,375	1,100	3,475	311,241	543,536	251,619	795,154	159,978	271,788	136,755	408,523					
Equivalent values from MH1901										312,601			798,629	1,360			3,475													

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

DETERMINATION OF SD/MC FFP %
MH 1978 (10/04)

Fiscal Year 2002-2003

County: Los Angeles
County Code: 19

Legal Entity: HARBOR-UCLA MEDICAL CENTER

Legal Entity Number: 00502		A	B	C	D	E	F
Data Type		Net Direct Costs (Gross Reim. Costs - Revenue)		FFP Dollars		Effective FFP%	
Source		MH1970s		MH1970s		Calculated	
		Column N	Column Q	Column R	Column U		
Formula						(C6 / A6)	(D6 / B6)
Period		1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period
		07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03
	Mode						
1	05 - Hospital Inpatient (SFC 10-19)	239,174	1,411,228	122,935	721,589		
2	05 - Other 24 Hour Services (All Other SFC)						
3	10 - Day Services	311,241	795,154	159,978	408,523		
4	15 - Outpatient (Program 1)	20,581	73,101	10,578	37,734		
5	15 - Outpatient (Program 2)						
6	Totals	570,995	2,279,483	293,491	1,167,846		
7	Totals from MH1979	570,995	2,279,483	293,491	1,167,846		
8	Effective SD/MC FFP %					51.40%	51.23%

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT
MH 1979 (10/04)

Fiscal Year 2002-2003

County: Los Angeles County Code: 19						FFP % Source: MH1978 E8	FFP % Source: MH1978 F8								
Legal Entity: HARBOR-UCLA MEDICAL CENTER						A	B	C	D	E	F	G	H	I	J
Legal Entity Number: 00502						Total MAA	Total Inpatient	Total Outpatient	Total	50% FFP	51.40% FFP	51.23% FFP	Variable % FFP	75% FFP	Total FFP
	SD/MC Administrative Reimbursement (County Only)														
1	County SD/MC Direct Service Gross Reimbursement														
2	Contract Provider Medi-Cal Direct Service Gross Reimbursement														
3	Total Medi-Cal Direct Service Gross Reimbursement														
4	Medi-Cal Administrative Reimbursement Limit														
5	Medi-Cal Administration														
6	Medi-Cal Administrative Reimbursement														
	Healthy Families Administrative Reimbursement (County Only)														
7	County Healthy Families Direct Service Gross Reimbursement														
8	Healthy Families Administrative Reimbursement Limit														
9	Healthy Families Administration														
10	Healthy Families Administrative Reimbursement														
	SD/MC Net Reimbursement for MAA														
11	Medi-Cal Admin. Activities Svc Functions 01 - 09														
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39														
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)														
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)														
15	Other SD/MC Utilization Review (County Only)														
16	SD/MC Net Reimbursement for Direct Services					07/01/02 - 09/30/02	239,174	331,821	570,995		293,491				293,491
16A						10/01/02 - 06/30/03	1,411,228	868,255	2,279,483			1,167,846			1,167,846
17	Enhanced SD/MC Net Reimb. (Children)					07/01/02 - 09/30/02									
17A						10/01/02 - 06/30/03									
18	Enhanced SD/MC Net Reimb. (Refugees)														
19	Total SD/MC Reimbursement Before Excess FFP														1,461,337
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC														
21	Total SD/MC Reimbursement (FFP)														1,461,337
22	Contract Limitation Adjustment														
23	Adjusted Total SD/MC Reimbursement (FFP)														1,461,337
24	Healthy Families Net Reimbursement					07/01/02 - 09/30/02									
24A						10/01/02 - 06/30/03									
25	Total Healthy Families Reimbursement Before Excess FFP														
26	Amount Negotiated Rates Exceed Costs - Healthy Families														
27	Total Healthy Families Reimbursement														

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
CALCULATION OF SHORT-DOYLE/MEDI-CAL
FOR FY 2002-2003 HOSPITAL ADMINISTRATIVE DAYS
MH 1991 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

COUNTY NAME: Los Angeles		LEGAL ENTITY			NAME: HARBOR-UCLA MEDICAL CENTER			
COUNTY CODE: 19					NUMBER: 00502			
A	B	C	D	E	F	G	H	I
Settlement Group	PROVIDER NUMBER	SMA RATE	PERIOD OF SERVICE	ADMIN DAYS	SUBTOTAL AMOUNT	PHYSICIAN COSTS	ANCILLARY COSTS	TOTAL AMOUNT
SD/MC		\$231.30	07/01/02 - 07/31/02	15	\$ 3,470	\$110	\$519	\$4,098
		\$236.38	08/01/02 - 09/30/02	107	\$ 25,293	\$784	\$3,702	\$29,778
		\$236.38	10/01/02 - 12/31/02	1,229	\$ 290,511	\$9,000	\$42,517	\$342,028
		\$236.38	01/01/03 - 06/30/03	216	\$ 51,058	\$1,582	\$7,472	\$60,113
							Sub Total:	\$ 438,017
Children EMC		\$231.30	07/01/02 - 07/31/02					
		\$236.38	08/01/02 - 09/30/02					
		\$236.38	10/01/02 - 12/31/02					
		\$236.38	01/01/03 - 06/30/03					
							Sub Total:	
Refugees EMC		\$231.30	07/01/02 - 07/31/02					
		\$236.38	08/01/02 - 09/30/02					
		\$236.38	10/01/02 - 12/31/02					
		\$236.38	01/01/03 - 06/30/03					
							Sub Total:	
Healthy Families		\$231.30	07/01/02 - 07/31/02					
		\$236.38	08/01/02 - 09/30/02					
		\$236.38	10/01/02 - 12/31/02					
		\$236.38	01/01/03 - 06/30/03					
							Sub Total:	
GRAND TOTAL					\$ 370,331	\$ 11,476	\$ 54,210	\$ 436,017